

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
NO	DEP	NO	DEP	NO	DEP		NO	DEP	NO	DEP	NO	DEP
1							31					
2							32					
3							33					
4							34					
5							35					
6							36					
7							37					
8							38					
9							39					
10							40					
11							41					
12							42					
13							43					
14							44					
15							45					
16							46					
17							47					
18							48					
19							49					
20							50					
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL NO.	2						TOTAL NO.					
TOTAL DEP.	13						TOTAL DEP.					
TOTAL CLAIMS	15						TOTAL CLAIMS					